

**COVER SHEET FOR AMENDMENT OF
POST-TRAVEL SUBMISSION**

Date/Time Stamp

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Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the **Office of Public Records** in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. **Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.**

SUBMIT DIRECTLY TO THE **OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING**

Name of Traveler: Mary Margaret Johnson

Employing Office/Committee: Wicker

Travel Expenses Paid by (List all sources): American Telemedicine Association

Travel Date(s): April 23-25, 2017

Description/Title of Attached Forms: Amended RE-2 Form

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission
must be amended with OPR in SH-232.

7-27-17
(Date)

Mary Margaret Johnson
(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original *Employee Pre-Travel Authorization* (Form RE-1), AND
- ☒ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): American Telemedicine Association

Travel date(s): April 23-25, 2017

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate	\$291.96	\$230.98	\$275.00	\$500 - Registration Fee
<input checked="" type="checkbox"/> Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate				
<input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): Attended meetings with various medical professionals regarding their use of telemedicine and ways in which the federal government promote the use of the telemedicine in Medicare.

Spoke at the lunch briefing with various members of the telemedicine community about the issues facing telemedicine including broadband deployment and telemedicine parity.

7/27/17
(Date)

Mary Margaret Hunsan
(Printed name of traveler)

Mary Margaret Hunsan
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

7-27-17
(Date)

[Signature]
(Signature of Supervising Senator/Officer)